

**CHECKLIST FOR CUSTOMER BEFORE LICENSE WILL BE ISSUED**

FIRE INSPECTION – 912-764-3473

BUILDING AND ENGINEERING – 912-764-0655

FOOD SERVICE PERMIT (RESTAURANT) – HEALTH DEPARTMENT 912-764-0737

FOOD SALES PERMIT (PREPACKED FOOD) – DEPARTMENT OF AG 229-386-3489

WATER IN BUSINESS NAME



**City Of Statesboro**

P. O. Box 348  
Statesboro, Ga. 30459

[www.statesboroga.gov](http://www.statesboroga.gov)

(912)764-5468  
(912)764-4691(Fax)

**Occupational Tax Application**

**YOU CANNOT OPEN FOR BUSINESS WITHOUT AN OCCUPATIONAL TAX CERTIFICATE.**

**I understand all applicants will be required to provide a photo ID.**

Date of Application: \_\_\_\_\_

Business Legal Name: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

Business Location: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Owner(s): \_\_\_\_\_  
( Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_ Individual \_\_\_\_\_ )

Business Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Owner's Address: \_\_\_\_\_

Business Owner's Telephone: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Property Owner: \_\_\_\_\_

Georgia Sales Tax # \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

State Board Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dominant Line of Business: \_\_\_\_\_

Do you operate an amusement game room? Yes \_\_\_ No \_\_\_ If so, how many Class B Machines? \_\_\_\_\_

Most recent business at this location? \_\_\_\_\_

Is this an ownership change only? \_\_\_\_\_ Are alcohol sales proposed? \_\_\_\_\_

Have you ever owned or operated a business in the City of Statesboro? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the name of the business and the location of the business:

---

Is your business a home occupation? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_ YES      If your proposed place of business is utilizing an existing building, will it constitute  
\_\_\_\_ NO      a change of use from the type of business previously there?  
If yes, please contact the Engineering Department at (912)764-0655.

\_\_\_\_ YES      Will there be electrical, plumbing, or heating/air work performed prior to opening  
\_\_\_\_ NO      your business?  
If yes, please contact the City Building Official at (912)764-0655.

\_\_\_\_ YES      Will construction valued at more than \$1000.00 be performed prior to opening  
\_\_\_\_ NO      your business? If yes, please contact the Engineering Department at  
(912)764-0655.

\_\_\_\_ YES      Does the building meet handicap accessibility?  
\_\_\_\_ NO      If no or unsure, please contact the Building Official at (912)764-0655.  
\_\_\_\_ UNSURE

Even if all questions are checked "NO" the Fire Official must perform an inspection of your building and any code violations found must be corrected. Please call (912)764-3473 to schedule the fire inspection. If any code violations are found, they must be corrected and re-inspected prior to the issuance of the Occupation Tax Certificate.

Each person who is licensed by the examining boards of the Secretary of State's office must provide evidence of proper and current state licensure before a City of Statesboro Occupation Tax Certificate will be issued. Please submit this information with your application.

Each person who is licensed by the medical boards must provide a copy of the current license before a City of Statesboro Occupation Tax Certificate will be issued. Please submit this information with your application.

**FEES:**

Administrative Fee - \$40.00 \$ \_\_\_\_\_

Number of full time equivalent employees: \_\_\_\_\_ X \$20 = \$ \_\_\_\_\_

\*Full time equivalent employees are determined by adding the total number of hours worked by all employees per week and dividing by 40.

Flat Fee - \$95.00 \$ \_\_\_\_\_

Total Due to City \$ \_\_\_\_\_

.....

**CERTIFICATION:**

I, \_\_\_\_\_ BEING THE \_\_\_\_\_  
Name Title

OF THE BUSINESS FIRM HEREIN NAMED, ATTEST THAT THE NUMBER OF EMPLOYEES REPORTED ABOVE IS THE NUMBER OF EMPLOYEES REPORTED FOR THE THIRD QUARTER OF THE CALENDAR YEAR ON THE GEORGIA DEPARTMENT OF LABOR TAX AND WAGE REPORT AND I DECLARE THAT THE ABOVE INFORMATION CONTAINED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS



## **STATESBORO POLICE DEPARTMENT**

25 WEST GRADY STREET / STATESBORO, GEORGIA 30458

PHONE: (912) 764-9911 / FAX: (912) 489-5050

**WENDELL TURNER**  
PUBLIC SAFETY DIRECTOR

Please take a moment to complete the following information regarding your new business. This information will be forwarded to the Statesboro Police Department in maintaining a database for current information on businesses in case of emergency after hours contact. If any of the information should change, we would appreciate notification at the following address and telephone number. Again thank you for your time and patience in completing this form. If you have any questions or concerns, please feel free to contact:

**Statesboro Police Department**  
**25 West Grady Street**  
**Statesboro, Ga. 30458**  
**(912) 764-9911**

**Business Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Reference Person:** \_\_\_\_\_

**Dispatch Alert:** Please note any private security information regarding your business (such as vicious dog at gate, alarm company, etc...).

---

---

---

**Contact Information:** Please list three emergency contacts.

<u>Name</u>	<u>Telephone Numbers</u>	<u>Cell Phone Numbers</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**General Information:** Such as hours of operation, also please list any information that you feel would assist us in serving you and your business.

---

---





# City of Statesboro

## Home Occupation Use

**Home occupation defined:** An occupation for gain or support conducted only by members of a family residing on the premises and conducted entirely within the dwelling, providing that no article is sold or offered for sale except such as may be produced by members of the immediate family residing on the premises.

The City of Statesboro allows certain businesses to operate out of a home in R-20, R-15, R-3, R-4, R-6, R-8, R-10, R-30, and R-40 zoning districts. In order to operate legally, a person operating a home occupation must obtain a business license and meet the following requirements of the *Statesboro Zoning Ordinance*.

1. The occupation carried on within the dwelling unit shall be restricted to the heated floor space of the dwelling, shall involve the sale of only those articles, products or services produced on the premises, shall not occupy in excess of 25 percent of the heated floor space within the structure, shall be conducted entirely within the dwelling by members of the family in residence and a maximum of one additional employee and shall be clearly secondary to the dwelling for dwelling purposes.
2. There shall be no external display of products or storage of equipment or other externally visible evidence whatsoever of the occupation, business, or profession.
3. There shall be no signs except for a small four-square-foot property identification sign linking the property to the home occupation.
4. There shall be no emission of smoke, dust, odor, fumes, glare, noise, vibration, electrical or electronic disturbance detectable at the lot line or beyond.
5. There shall be no chemical, mechanical or electrical equipment on the premises other than that normally found in a purely domestic residence.
6. No on-street parking of business-related vehicles shall be permitted at any time. No business vehicle larger than a van, panel truck or pickup truck shall be permitted to park overnight on the premises.
7. Beauty salons, barbershops, doctors, and dentists, and similar businesses are not permitted home occupations.
8. Any business, occupation or profession, the operation of which does not meet the aforementioned requirements of a home occupation shall not be interpreted to be a home occupation despite the fact that it might attempt to operate in a residence.
9. The above-listed requirements of a home occupation shall not be construed to restrict sale of garden produce grown on the premises, provided this exception shall not extend to allow the operation of a commercial greenhouse or nursery or the existence of stands or booths for display of said produce.
10. The following uses are allowable as types of home occupations (not all-inclusive):
  - a. Child care, but not more than six children at a time.
  - b. Tutoring of all types, but limited to not more than four pupils at one time.
  - c. Arts and crafts.
  - d. Small appliance repair.
  - e. Contractor offices (i.e. painting, cleaning, yard maintenance, building) but not including storage of equipment, materials, or vehicles.
  - f. Professional services (i.e. attorneys, accountants, realtors, insurance agents).
  - g. Upholstery.
  - h. Alterations.
  - i. Chimney cleaning.
  - j. Home marketing (i.e. Amway, Mary Kay, Tupperware, etc.).
  - k. Musician and artist.
  - l. Laundries.
  - m. Other similar uses as approved by the zoning administrator.



## ***City of Statesboro Home Occupation Use***

I \_\_\_\_\_ have read, understood, and agree to abide by the City of Statesboro Home Occupation Regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AFFIDAVIT VERIFYING STATUS FOR CITY OF STATESBORO  
PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, from the City of Statesboro, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- 1)\_\_\_\_\_ I am a United States citizen.
- 2)\_\_\_\_\_ I am a legal permanent resident of the United States.
- 3)\_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:\_\_\_\_\_ Drivers License\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Statesboro, Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:



## E-VERIFY AFFIDAVIT

### Private Employer of Compliance Pursuant to O.C.G.A 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm or corporation employs **more than 10 employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city) \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_

## E-VERIFY AFFIDAVIT

### Private Employer of Compliance Pursuant to O.C.G.A 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm or corporation employs **fewer than 10 employees** and therefore, is not required to register with/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90.

---

Printed Name of Exempt Private Employer

---

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city) \_\_\_\_\_ (state)

---

Signature of Authorized Officer or Agent

---

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

---

NOTARY PUBLIC

My Commission Expires:

---

**GEORGIA DEPARTMENT OF REVENUE**

**ANY PERSON WHO PERFORMS ANY BUSINESS, OCCUPATION OR PROFESSION SUBJECT TO AN OCCUPATION TAX OR REGULATORY FEE UNDER O.C.G.A. 48-13-1 IS REQUIRED TO PROVIDE THE CITY THE FOLLOWING INFORMATION WHEN PAYING SUCH OCCUPATION TAX OR REGULATORY FEE.**

**LEGAL NAME OF BUSINESS**\_\_\_\_\_

**ANY ASSOCIATED TRADE NAMES FOR THE BUSINESS**\_\_\_\_\_

\_\_\_\_\_

**MAILING ADDRESS FOR BUSINESS**\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL ADDRESS FOR EACH LOCATION OF THE BUSINESS**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SALES AND USE TAX IDENTIFICATION NUMBER ASSIGNED TO THE BUSINESS BY THE GEORGIA DEPARTMENT OF REVENUE, IF THE BUSINESS IS REQUIRED BY LAW TO HAVE SUCH A NUMBER**\_\_\_\_\_

**I SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES FOR FALSE SWEARING AS PROVIDED UNDER GEORGIA LAW, ALL INFORMATION REQUIRED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I FULLY UNDERSTAND THAT ANY FALSE INFORMATION WILL CAUSE THE DENIAL OR REVOCATION OF ANY LICENSE ISSUED BY THE CITY OF STATESBORO. I ALSO FULLY UNDERSTAND THAT KNOWINGLY PROVIDING FALSE INFORMATION UNDER OATH IN THIS AFFIDAVIT WILL SUBJECT ME TO CRIMINAL PROSECUTION AND POSSIBLE IMPRISONMENT.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**NOTARY**

**OFFICE USE:**

**NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM CODE (NAICS)**\_\_\_\_\_





Timothy E. Grams  
Fire Chief

# Statesboro Fire Department

*Proudly serving the City of Statesboro and  
surrounding communities since 1905!*



Wendell Turner  
Director of Public Safety

---

## Pre-Fire Inspection Checklist for Business Licenses

Fire Prevention Division

1533 Fair Road

Statesboro, GA 30458

Office: (912) 764-FIRE (3473)

Fax: (912) 681-7205

[statesborofire@statesboroga.gov](mailto:statesborofire@statesboroga.gov)

Fire Inspectors look at many items in your business. As a public service, The Statesboro Fire Departments Prevention Division is providing you a self-checklist to assist you and your business in making an assessment of your surroundings before and after the Official inspection by a Fire Inspector.

The checklist will give you a better understanding of what Inspectors look for and will assist you in obtaining a complete/passing inspection during the first visit. The checklist is **NOT** all inclusive as some businesses will require other items above and beyond what is on the list. Your inspector looks forward to discussing these additional items during the visit if requested.

The Statesboro Fire Department has adopted the Georgia Minimum Fire Safety Codes as the model code for the community. Fire Inspectors use this and other referenced codes as a standard for inspections within the fire district. Some of the most common codes used are:

*National Fire Protection Association 101, Life Safety Code, 2012<sup>th</sup> Edition, National Fire Protection Association 10, Standard for Portable Fire Extinguishers, 2002<sup>nd</sup> Edition, National Fire Protection Association 70, National Electrical Code, 2005<sup>th</sup> Edition, National Fire Protection Association 96, Kitchen Hood Systems, 2004<sup>th</sup> Edition, International Fire Code, 2012<sup>th</sup> Edition, International Building Code, 2012<sup>th</sup> Edition, Georgia 120-3-3*

These are NOT the only code enforced by the Fire Prevention Division. Other referenced codes may be used based on circumstances presented to the bureau inspector.

Should you require further information, please feel free to contact the inspection division at the above number or via e-mail. An inspector will contact you within a reasonable amount of time to answer your questions.

Thank You

Prevention Chief Chris Colson



Timothy E. Grams  
Fire Chief

# Statesboro Fire Department

*Proudly serving the City of Statesboro and  
surrounding communities since 1905!*



Wendell Turner  
Director of Public Safety

---

## EXITS

- ☐ Door/aisle is not obstructed
- ☐ Illuminated exit signs maintained in working order
- ☐ Proper lock/hardware on exit door (no flush bolts, hasps, etc.)
- ☐ Means of egress shall be kept clear
- ☐ Means of egress shall remain unlocked while occupied
- ☐ Emergency lights maintained and in working order
- ☐ Exit doors open easily and close after opening
- ☐ Exit discharge is clear to the public way
- ☐ Doors with panic hardware shall have no other locking devices
- ☐ There is a sign over the main entrance, "this door to remain unlocked during business hours," if the door has a double-keyed deadbolt
- ☐ Maximum occupancy signage shall be posted in a conspicuous location near the main entrance for assembly occupancies

## EXTINGUISHER/FIRE PROTECTION EQUIPMENT

- ☐ A minimum 2A10BC extinguisher(s) installed as directed
- ☐ Hood extinguishing system maintained, and six month service and cleaning documented
- ☐ Fire extinguishers serviced within the past year and a new service inspection tag attached
- ☐ Extinguishers are securely mounted or in an approved cabinet
- ☐ Fire extinguishers are not obstructed and in plain view
- ☐ Fire extinguisher top shall be placed between 36" and 50" from floor
- ☐ Class K extinguisher installed within 30' of hood and duct system
- ☐ Fire alarm system in proper working order AND tested annually with accurate documentation
- ☐ 18" clearance between storage and sprinkler heads
- ☐ Sprinkler system shall be maintained AND tested annually with accurate documentation
- ☐ Standpipe shall be tested every 5 years , and flows taken every three years
- ☐ Maintain access to fire hydrants and connections for sprinkler and standpipe systems
- ☐ Fire and smoke walls shall be maintained and have no opening other than those allowed by the fire code

## ELECTRICAL

- ☐ NO extension cords in use in place of permanent wiring. (Power strips with breaker buttons are acceptable)

---

1533 Fair Road | Statesboro, GA 30458  
Phone: (912) 764-3473 | Fax: (912) 681-7205





# Statesboro Fire Department

*Proudly serving the City of Statesboro and  
surrounding communities since 1905!*



Timothy E. Grams  
Fire Chief

Wendell Turner  
Director of Public Safety

- 
- ☐ Electrical panel is not overloaded or obstructed
  - ☐ 36" clearance maintained in front of electrical panels
  - ☐ No multi-plug adapters in use, other than approved power strips
  - ☐ There are no spliced or frayed cords or wires
  - ☐ Spacers/blanks installed in electrical panel gap(s)
  - ☐ Circuit breakers are labeled
  - ☐ No broken, faulty, or missing switches or outlets
  - ☐ No missing covers for switches, outlets, junction boxes, electrical panels etc.
  - ☐ Electrical cords do not extend through walls, ceilings, floors, or above or under doors or floor coverings
  - ☐ No exposed wiring in conduit

## **APPLIANCES/MECHANICAL DEVICES**

- ☐ All appliances are properly wired, connected and vented
- ☐ All appliances are Listed

## **STORAGE/ COMUSTIBLE MATERIAL/ HOUSEKEEPING**

- ☐ Flammable liquid properly stored
- ☐ No accumulation of combustible materials
- ☐ Oil rags in non-combustible container with lid
- ☐ Compressed gas cylinders secured regardless if full, in-use, or empty
- ☐ "No Smoking" signs installed as required in areas where combustible materials are stored
- ☐ Area around building free of combustible material (weeds, trash, boxes, etc.)
- ☐ Maintain storage 24" below ceilings without a sprinkler system
- ☐ Maintain 36" clearance around items such as furnace and hot water tanks and other ignition sources
- ☐ No storage shall be kept in exit stairways

## **MISCELLANEOUS**

- ☐ Fire Protection Equipment unobstructed
  - ☐ Fire hydrants and fire department connections are visible and unobstructed
  - ☐ Fire hydrants and other fire protection equipment are protected from physical damage where subject to impact by vehicles
- 

1533 Fair Road | Statesboro, GA 30458  
Phone: (912) 764-3473 | Fax: (912) 681-7205



# Statesboro Fire Department

*Proudly serving the City of Statesboro and  
surrounding communities since 1905!*



Timothy E. Grams  
Fire Chief

Wendell Turner  
Director of Public Safety

- 
- ☐ Knox box entry system mounted in an accessible place for Madison Fire District use only
  - ☐ Charcoal grills, propane grills and/or other open-flame cooking devices shall not be located on combustible balconies or within 10' of combustible construction. EXCEPTIONS: 1) One and two family dwellings, and 2) Where balconies/decks are protected by an automatic sprinkler system
  - ☐ Address numbers shall be posted in contrasting colors on front and rear doors for commercial businesses. Numbers shall be a minimum of 8" high on the front and 4" on back. All other structures shall be 4" except home daycares, which shall be 6"

**NOTE: This list is a general guideline only for common violations that can be readily determined and corrected by the occupant.**